



United States
Environmental Protection Agency
 Washington, DC 20460



Registration
Amendment
Other

OPP Identifier Number

Application for Pesticide - Section I

1. Company/Product Number 82633-XX	2. EPA Product Manager Emily Schmid	3. Proposed Classification <input checked="" type="checkbox"/> None <input type="checkbox"/> Restricted
4. Company/Product (Name) Sharda Cropchem Ltd. / Sharda Propanil Technical	PM# 25	
5. Name and Address of Applicant (Include Zip Code) Sharda Cropchem Ltd. c/o Wagner Regulatory Associates, Inc. P.O. Box 640, 7217 Lancaster Pike Suite A Hockessin, DE 19707 <input type="checkbox"/> Check if this is a new address	6. Expedited Review. In accordance with FIFRA Section 3(c)(3) (b)(I), my product is similar or identical in composition and labeling to: EPA Reg. No.: 75640-1 Product Name: Propanil Technical	

Section - II

- | | |
|--|--|
| <input type="checkbox"/> Amendment - Explain below. | <input type="checkbox"/> Final printed labels in response to Agency letter dated _____ |
| <input type="checkbox"/> Resubmission in response to Agency letter dated _____ | <input checked="" type="checkbox"/> "Me Too" Application. |
| <input type="checkbox"/> Notification - Explain below. | <input type="checkbox"/> Other - Explain below. |

Explanation: Use additional page(s) if necessary. (For Section I and Section II.)

PRIA R333

Section - III

1. Material This Product Will Be Packaged In:					
Child-Resistant Packaging <input type="checkbox"/> Yes* <input checked="" type="checkbox"/> No *Certification must be submitted	Unit Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Water Soluble Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		2. Type of Container <input type="checkbox"/> Metal <input checked="" type="checkbox"/> Plastic <input type="checkbox"/> Glass <input type="checkbox"/> Paper <input checked="" type="checkbox"/> Other (Specify) HDPE woven bags
	If "Yes"	No. per	If "Yes"	No. per	
	Unit Packaging wgt.	container	Package wgt.	container	
3. Location of Net Contents Information <input checked="" type="checkbox"/> Label <input type="checkbox"/> Container		4. Size(s) Retail Container 25 kgs, bulk		5. Location of Label Directions <input checked="" type="checkbox"/> On Label <input type="checkbox"/> On Labeling accompanying product	
6. Manner in Which Label is Affixed to Product <input type="checkbox"/> Lithograph <input type="checkbox"/> Other _____ <input checked="" type="checkbox"/> Paper glued <input type="checkbox"/> Stenciled					

Section - IV

1. Contact Point (Complete items directly below for identification of individual to be contacted, if necessary, to process this application.)					
Name Keeva Shultz		Title Agent for Sharda Cropchem Ltd.		Telephone No. (Include Area Code) (302) 635-7281 (keeva@wagnerreg.com)	
Certification I certify that the statements I have made on this form and all attachments thereto are true, accurate and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.					6. Date Application Received (Stamped)
2. Signature 		3. Title Agent for Sharda Cropchem Ltd.			
4. Typed Name Keeva Shultz		5. Date January 6, 2021			